Revised 06/08

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 610 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.lowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

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	Gift or Bequest information received by a lighteriment or accepted by the Governor on bandil of the state of
ľ	For office use only
	Audited
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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUE	ST:
State Training School	
Name of Department or Office	ildora. LA 10627
Mailing Address	City, State, Zip Code
641-858-5402 Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFI	CE:
Kristin Hagedon	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)
DONOR OF GIFT OR BEQUEST:	
St. John's United Methodist Women, c/o Karene Topp, treas.	
Name	
603 Parkview Lanc Radcliffe, IA 50230	
Mailing Address City. State, Zip Code	10/18/11 \$25.00
Area Code & Telephone Number	Date of Gift or Bequest  Amount/Value*  *Value is defined as "fair market value" of item as determined by
Email Address (optional)	receiving department or office. If no value mark "0.00".
Provide a description of the gift or bequest and purpose thereof:	
Cash donation to student Christmas Fund	
Criteria to use this form:	
Receipt of any gift or bequest that is received by any department of the	state or received by the Governor on behalf of the state.
itatement of Affirmation:	
Kristin Hagedon affirm that the gift or bequest reported about a sessment of the fair market value (if applicable) is correct and true to the	ove is accurate. I further affirm that the information concerning the donor and
Second of the marrier range in appropriately to correct out the to the	o dear, or my rangemental.
Kristin Dagedon	10/19/11
Signature	Date
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Revised 00/08

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DEPARTMENT OR OFFICE R	RECEIVING THE GIFT OR BEQUES	<del>)</del>
State Training School		
Name of Department or Office 321) Edgington Avenue	E	Idora, IA 50627
Mailing Address	C	ity, State, Zip Code
Area Code & Telephone No.		
ONTACT PERSON FOR RE	CIPIENT DEPARTMENT OR OFFI	DE:
Kristin Hagedon		
Name		
Malling Address (If different from	above)	City, State. Zip (if different from above)
khegedo@dks.state.ie.us Email Address		Area Code & Telephone Number (if different from above)
ONOR OF GIFT OR BEQUE	ST:	
American Legion Auxiliary #	288, c/o Mary Bobolz, treas.	
Name	ITamban TA 61246	
150 N 4th Ave W Mailing Address	Hartley, IA 51346  City, State, Zip Code	10/17/11 \$50.00
Missing Address	ску, зыке, др соче	Date of Gift or Bequest Amount/Value*
Area Code & Telephone Numbe	T	
		"value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Email Address (optional)		
Provide a description of the gift	or bequest and purpose thereof:	
Cash donation to stude		
Cash donation to stude	nt Christinas I und	
Other to the same		
Criteria to use this form:		
Receipt of any gift or bequest the	hal is received by any department of the	state or received by the Governor on behalf of the state.
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tatement of Affirmation:	· · · · · · · · · · · · · · · · · · ·	
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aı	firm that the gift or bequest reported abo re (if applicable) is correct and true to the	ve is accurate. I further affirm that the information concerning the donor and best of my knowledge.
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ryusun	Dagedon	10/19/11
· Cianoluro	v	Date

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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	FORM-GB						
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checked — Checked — Computer of the gift or bequest.			
E GIFT OR BEQUEST:		OCT I	
		9	
Glenwood, IA 51534		maries.	•
City, State, Zip Code			
a Code & Telephone No.			
ARTMENT OR OFFICE:			
		····	~
iling Address (if different from above)  City, State, Zip (if different from above)			-
Area Code & Telephone Number (if different from above)			-
	Glenwood, IA 51534 City, State, Zip Code  City, State, Zip (if different	Glenwood, IA 51534 City, State, Zip Code  City, State, Zip (if different from above)	Glenwood, IA 51534 City, State, Zip Code  City, State, Zip (if different from above)

Marcene & Wm Dentel Family	
Name	
7418 Spring Village Dr CST 30	Springfield, VA 22051
Mailing Address	City, State, Zip Code

10/14/2011

\$100.00

Date of Gift or Bequest

Amount/Value\*

"value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a	descri	ption of the gi	ft or beque	est and p	urpose	there	of:		
				_		_		_	_

Melvin Scheffel Memorial - needs at Campbell Park, for Client use.

Criteria to use this form:

Email Address (optional)

Area Code & Telephone Number

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

Ruth Messinger	_affirm that the gift or bequest reported above is accurate.	I further affirm that the information concerning the donor ar
assessment of the fair market v	value (if applicable) is correct and true to the best of my known	owledge.

Little Messinger
Signature

10/14/2011

Date